

**ATTACHMENT 4**

Check One: ☐ initial request ☐ first reauthorization  
☐ second authorization ☐ subsequent reauthorization

**MAIL TO:**

EDS  
Prior Authorization Unit  
Suite 88  
6406 Bridge Road  
Madison, WI 53784-0088

PA/TA

1. Complete this form.
2. Attach PA/RF.
3. Attach all requested information.
4. Attach prescription.
5. Mail to EDS

**PRIOR AUTHORIZATION  
INTENSIVE IN-HOME TREATMENT**

Providers should carefully read the attached instructions before completing this form.

**SECTION I.**

**RECIPIENT INFORMATION**

(1) Recipient Last Name	(2) lm First Name	(3) A MI	(4) 1234567890 Medical Assistance Identification #	(5) 10 Age
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**PROVIDER INFORMATION**

(6) IN-HOME TREATMENT PROVIDER Certified Clinic Name	(7) 87654321 Medical Assistance Provider #
(8) I. M. MASTERS Certified Performing Psychotherapist's Name	(9) 34343434 Medical Assistance Provider #
(10) (XXX) XXX-XXXX Psychotherapist's Telephone Number	(11) M. S. W. Discipline

**SECTION II.**

- A. Requested start date and end date for this authorization period. See instructions for maximum allowable authorization guidelines. If start date is prior to when request will be received at EDS, please indicate clinical rationale.

3/2/92 - 4/24/92

- B. Number of hours of treatment to be provided to family over this PA grant period. Please note anticipated pattern of treatment by provider, e.g., two hours - one time per week by certified therapist, two hours - one time per week by family aide with certified therapist plus one hour - two times a week by family aide independently.

Certified Therapist: 2 Hrs., 1 x week  
Second Team Member: 2 Hrs., 1 x wk., (with Cert. Tx)  
1 Hr., 2 x wk. (alone)

- C. Please indicate for the period covered by this request:

The number of hours the certified psychotherapist will provide treatment 16

The number of hours the second team member will provide treatment 32

The name and credentials of the second team member (attach resume, if available):

I. M. Bachelor, B. S. in Psychology  
3 yrs. experience working with severely emotionally disturbed kids.

- D. Please indicate the travel time for the period covered by this request:

certified psychotherapist

anticipated number of visits 8

X travel time per visit .5

= 4

other therapist

anticipated number of visits 24

X travel time per visit .5

= 12

SECTION III.

The following additional information must be provided. If you attach copies of existing records to provide the information requested please limit attachments to two pages for the psychiatric evaluation and illness/treatment history. Highlighting relevant information is helpful. Do not attach M-team summaries, additional social service reports, court reports, or other similar documents unless directed to do so following initial review of the documentation.

- A. Present a summary of the recipient's psychiatric assessment and differential diagnosis. Diagnoses on all five axes of DSM-III-R are required. If not conducted by a psychiatrist, a psychiatrist must review and sign the summary and diagnoses.

Im was referred for in-home treatment by the social services department following his return to home from a foster placement. The foster placement was necessitated by his mother's neglectful and dangerous behavior resulting from her abuse of alcohol. Her alcohol abuse has also resulted in inconsistent parenting and limit-setting in the home.

Im presents as a personable boy of appropriate appearance for his age. His medical record shows no significant medical problems. There is no evidence of disordered or psychotic thinking. He is oriented to reality. There is evidence of difficulty in maintaining his attention to tasks both at home and in school: he has difficulty following through on instructions at school (although this may be related to his oppositional behavior); he has difficulty completing activities; he often intrudes on others and has difficulty remaining seated.

Aggressive acting out and oppositional behavior have existed for about two years and have increased over the past six months since his return home from the foster placement. Im engages in physical fights with siblings and neighbors often resulting in injury. He has been reported to tease younger children at school, often taking things from them. He defies his mother's attempts to enforce rules in the home. Mother reports that he uses foul language frequently. He also argues with teachers at school and refuses to follow rules there. Social acting out with peers has resulted in destruction of property.

His mother, though concerned and caring, has a significant history of alcohol abuse. She has been treated both inpatient and outpatient in the past but has returned to drinking after the conclusion of treatment. She currently reports that she is not drinking and has a desire to remain sober. Mother appears to have some symptoms that suggest an abnormal loss of short term and long term memory which may be associated with her drinking. She expresses a desire to parent more effectively but lacks the knowledge to do so.

Diagnosis:

Axis 1: 313.81 Oppositional Defiant Disorder, severe r/o 314.01 Attention-Deficit Hyperactivity Disorder

Axis 2: No diagnosis

Axis 3: None

Axis 4: 4, severe: foster placement, inconsistent parenting

Axis 5: Current GAF: 37  
Highest past year: 62

*Ch. M. Provider*

- B. Present a summary of the recipient's illness/treatment/medication history and other significant background information. Define the potential for change.

Im has demonstrated oppositional behavior and aggressive acting out during the past two years. This behavior has increased since his return to home after being placed in foster care for four months while his mother received inpatient treatment for alcohol abuse. The aggressive acting out is directed towards his siblings, who are 8 and 5 years of age, and other kids at school. Three months ago he broke his brother's finger during a fight. Mother reports that Im does not follow rules at home and she is frustrated with her own inability to know how to enforce rules.

Im is not currently on medications, nor is there a history of medication use. Im has not had formal treatment although there has been some limited counseling by his school psychologist. Mother has a history of alcohol abuse and has received both inpatient and outpatient treatment many times in the past. She has not been able to follow through with outpatient treatment, however, and has returned to drinking. She reports being abstinent currently and expresses a desire to remain so.

Im is the oldest of 3 children. Mother was divorced three years ago. All three children are from her marriage. Im has erratic contact with his father, who also has a history of alcohol abuse. Father was reported to be physically abusive towards Mother and Im may have witnessed some of this abuse. Mother reports that Im's early development appeared normal. He did show increased levels of aggressive behavior following the birth of each sibling, but Mother did not think this unusual. About four years ago Im started to show less ability to concentrate and pay attention. Mother said he would not follow instructions and would not complete chores she gave him to do at home. Although she thought he was just being willful she said that the school psychologist thought this might be associated with hyperactivity. There was a previous instance of neglect in 1989 resulting in out-of-home placement for the three children. This was also associated with Mother's alcohol abuse.

Although Mother expresses a genuine desire to parent more effectively her dysfunctional childhood (her father abused alcohol and physically abused her) and her own alcohol abuse have left her with little concept of how to do so. Because of these limitations Im appears to have little reason to trust her ability to be a parent. If acting out may be a way to get her to affirm her commitment to him.

Because of the absence of previous treatment, the potential to change appears fair. Mother has a genuine concern, despite her limitations. There is an opportunity to further evaluate Im with regard to the attention-deficit and possibly pursue medication management. To the degree that Im gets appropriate limits he may learn to trust his mother and find less of a need to act out.

- C. Complete the checklist for determination that an individual meets the criteria for severe emotional disturbance (SED). Criteria for meeting the functional symptoms and impairments are found in the instructions. SED in an individual under the age of 21 requires acute treatment and may lead to institutional care. The disability must be evidenced by 1, 2, 3 and 4 listed below.

1. **The individual must meet all three of the following:**

- ☒ a. be under the age of 21, and  
☒ b. have an emotional disability that has persisted for at least 6 months; and  
☒ c. that same disability must be expected to persist for a year or longer.

2. **A condition of severe emotional disturbance as defined by a mental or emotional disturbance listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, III, Revised (DSM III-R).**

☒ 313.81 Oppositional Defiant Disorder

Primary Diagnosis

3. **Functional Symptoms and Impairments**

The individual must have A. or B.

a. **Symptoms (must have one)**

- ☐ 1. Psychotic symptoms  
☐ 2. Suicidality  
☒ 3. Violence

b. **Functional impairments (must have two)**

- ☐ 1. Functioning in self care  
☒ 2. Functioning in the community  
☒ 3. Functioning in social relationships  
☒ 4. Functioning in the family  
☒ 5. Functioning at school/work

4. **The individual is receiving services from two or more of the following service systems.**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Mental Health   | <input type="checkbox"/> Juvenile Justice             |
| <input checked="" type="checkbox"/> Social Services | <input checked="" type="checkbox"/> Special Education |
| <input type="checkbox"/> Child Protective Services  |   |

**Eligibility Criteria Waived Under Certain Circumstances:**

- ☐ This individual would otherwise meet the definition of SED, but has not yet received services from more than one system, but would be likely to do so were the intensity of treatment requested not provided. Attach explanation.
- ☐ This individual would otherwise meet the definition of SED except that functional impairment has not persisted for six months, but the nature of the acute episode is such that impairment in functioning is likely to be evident without the intensity of treatment requested. Attach explanation.

- D. Present an assessment of the family's strengths and weaknesses.

**Major strengths:** mother's desire to do better, mother's current sobriety, absence of apparent pathology in siblings.

**Major weaknesses:** lack of trust between Im and Mother, mother's limited parenting skills, apparent memory loss by mother.

- E. Indicate the rationale for in-home treatment. Elaborate on this choice where prior outpatient treatment is absent or limited.

**Im's acting out has its roots in the home. By treating the issues in the home staff can better evaluate appropriate treatment strategies and their success and adapt treatment to their needs as the environment changes. Though Im has had no previous treatment history, Mother has. She has a history of poor follow-through with outpatient treatment suggesting that the family may benefit most by bringing the treatment to them. Since the family does express a willingness to participate they are more likely to participate, and therefore benefit, if treatment is in the home.**

- F. Indicate the expected date for termination of in-home treatment. Describe anticipated services needs following completion of in-home treatment and transition plans.

**Treatment in-home is anticipated to last for six months. It is hoped that by this time family can be engaged in outpatient treatment. The in-home team will attempt to have mother become consistently involved in outpatient AODA groups and AA. The school counselor will be setting up regular meetings with Im at school.**

SECTION IV.

Please attach and label the following:

- A. The prior authorization request form (PA/RF).
- B. One of the following (check which is attached):
- ☐ A copy of the signed and dated HealthCheck referral for in-home psychotherapy from a physician; or
  - ☐ A copy of the signed and dated HealthCheck referral for in-home psychotherapy from a provider other than a physician, and a physician's prescription for intensive in-home psychotherapy, or
  - ☒ A copy of the signed and dated HealthCheck referral for a psychiatric evaluation/diagnosis if there has not been a differential diagnosis within the past 12 months and a physician's prescription for intensive in-home psychotherapy, or,
  - ☐ If there has been a differential diagnosis within the past twelve months, a physician's prescription for intensive in-home psychotherapy and a copy of the signed and dated HealthCheck referral.

*A copy of the HealthCheck referral must be attached to all requests. For reauthorizations, a copy of the original HealthCheck referral may be used. The initial request for these services must be received by EDS within six months of when the HealthCheck referral was dated.*

- C. A multi-agency treatment plan.
- D. An in-home psychotherapy treatment plan.
- E. Results of either the Achenbach Child Behavior Checklist or the Child and Adolescent Functional Assessment Scale (CAFAS).
- F. An AODA assessment may be included. An AODA assessment must be included if AODA related programming is part of the recipient's treatment program.

I attest to the accuracy of the information on this prior authorization request. I understand that I am responsible for the supervision of the other team member(s) identified on this attachment. I, or someone with comparable qualifications, will be available to the other team member(s) at all times they are in the home alone working with the child/family.

J. M. Certified  
Signature of Certified Therapist

mm/dd/yy  
Date

J. M. Supervising  
Signature of Supervising Therapist

mm/dd/yy  
Date

WMAF Provider Handbook Park A  
Issued 01/01/91

A11-085

APPENDIX 32

WMAF HEALTHCHECK/EPSDT REFERRAL FORM

DATE OF SCREENING: 2/10/92

RECIPIENT NAME: Im A. Recipient MA-ID # 1234567890

DATE OF REFERRAL APPOINTMENT: 2/10/92

REASON FOR REFERRAL: General Health Review/Hyperactivity

REFERRED TO: Psychiatric Evaluation

\_\_\_\_\_  
Provider Name, Address, and/or Specialty

COMMENTS: Aggressive behavior, family problems need further evaluation. Evaluate for ADHD.

SIGNATURE: L M Screening DATE: 2/10/92  
Screening Provider

NOTE: This form is acceptable in lieu of the WMAF HealthCheck (EPSDT) Services claim form when it is used as a referral form.



Prescription for In-Home Treatment

I have examined the following individual and their medical record:

Im A. Recipient  
name

609 Willow, Anytown  
address

1234567890  
medical assistance identification number

I find Im A. Recipient to be appropriate for in-home treatment for severe emotional disturbance. Services are expected to be required for up to one year.

J. M. Provider, Psychiatrist

22 N. Maple, Anytown  
Address

12345678  
UPIN/Medical Assistance Provider Number

2/10/92  
Date

MAPB-092-001-Z  
October 19, 1992

Department of Health and Social Services  
Division of Community Services  
Office of Mental Health  
March 20, 1992

STATE OF WISCONSIN

**MODEL PLAN: INTENSIVE IN-HOME PSYCHOTHERAPY OR DAY TREATMENT**

<b>Name of Client:</b> Im A. Recipient	<b>Agency Team Developing and Implementing this Plan (include title indicating discipline):</b>
<b>Client Birthdate:</b> 1/12/82	1. I.M. Masters, M.S.W.
<b>Date of Plan:</b> 2/17/92	2. I.M. Bachelor, B.S.
<b>Plan review date:</b> 8/92	3.
<b>Case Manager:</b> I.M. Masters	4.
<b>List family members involved in treatment:</b>	5.
1. M. Recipient, Mother	6.
2.	7.
3.	8.
4.	
5.	
6.	

<b>Problem 1:</b>	<b>Short Term Goal (measurable):</b>
Aggressive Behavior	Reduce fights at home to 3 X wk. (in two months). Identify three things that are frustrating to
	Im. Identify three healthy ways of expressing these feelings.
<b>Description of Problem:</b>	<b>Long Term Goal (measurable):</b>
Im engages in aggressive acting	Reduce fights/acting out to 1 X wk. (six months). Im will consistently find healthy ways to
out behavior at home, in school, and	express feelings.
in the community. Fights at home	
occur about 5 times per week. There	<b>Plan (include frequency of intervention and team member responsible):</b>
has also been property destruction	Meet with Im 1 X wk. to explore frustrations and anger. Identify alternative methods of
involving Im and his peers.	expressing feelings. Use family meetings to identify how Mother can help. Aide will cue Im during
	in-home times.
	<b>Measurable Results of Intervention at Time of Plan Review:</b>

<b>Problem 2:</b>	<b>Short Term Goal (measurable);</b>
Mother not able to set limits with Im.	Mother will be able to identify behavioral parenting techniques. She will be able to identify three situations in which limits need to be set and some techniques for responding to these. (2 months.)
<b>Description of the Problem:</b>	<b>Long Term Measurable Goal (measurable):</b>
When Im acts out in the home,	Mother will be able to consistently utilize behavioral techniques which will reduce fights on limits to one time per week (six months).
Mother yells, sends Im to his room, or drinks. None of these have been effective responses to Im's acting out.	
	<b>Plan (include frequency of intervention and team member(s) responsible):</b>
	Family meetings will be used to identify situations where limit-setting is needed. Team will work with Mother to identify responses. Aide will observe Im and Mother and give feedback in home setting and
	in role playing. Team will talk with Im about his response to mother's limit-setting.
	<b>Measurable Results of Intervention at Time of Plan Review:</b>

<b>Problem 3:</b>	<b>Short Term Goal (measurable):</b>
Im and Mother do not engage in positive interactions.	Im and Mother will identify 3 positive activities they can be involved in together (one month).
	<b>Long Term Goal (measurable):</b>
	Im and Mother will engage in one positive activity without the other children each week (3 months).
<b>Description of the Problem:</b>	
Due to Mother's drinking and Im's acting out, and the presence of younger siblings, their relationship is characterized by antagonism and isolation from each other. They do not engage in age-appropriate positive activities together.	<b>Plan (include frequency of intervention and team member(s) responsible):</b>
	Family meetings will be used to discuss and identify possible activities. Team will help identify barriers to activities occurring and solutions to these. Aide will assist in ensuring that activities occur.
	Use of special play techniques will encourage 1:1 interaction and help team identify barriers to closeness.
	<b>Measurable Results of Intervention at Time of Plan Review:</b>

<b>Problem 4:</b>	<b>Short Term Goal:</b>
Symptoms of ADHD	Assist family to set up evaluation and make sure that evaluation occurs (one month).
	<b>Long Term Goal:</b>
	Initiate chemotherapy. Maintain contact with pediatrician. Give her feedback on effects of medication. Provide feedback to Im and Mother on possible effects of medication.
<b>Description of the Problem:</b>	
Im has difficulty staying on task, remaining in his seat, following instructions and completing tasks.	<b>Plan (include frequency of intervention and team member(s) responsible):</b>
	Set up evaluation. Help arrange transportation. Discuss with Im and Mother the reason for the evaluation and implications. Follow-up as needed.
	<b>Measurable Results of Intervention at Time of Plan Review:</b>

<b>Problem 5:</b>	<b>Short Term Goal:</b>
Mother's alcoholism	Identify barriers to remaining in AODA treatment (one month).
	<b>Long Term Goal:</b>
	Mother to attend AA 1 X wk., AODA group 1 X wk. (three months).
<b>Description of Problem:</b>	
Mother has a significant alcohol abuse	
problem which has existed for many	<b>Plan (include frequency of intervention and team member(s) responsible</b>
years. She has had inpatient and	Meet with Mother once per week to discuss her alcohol problem. Review pattern
outpatient treatment, with very	of use/abuse. Identify ambivalence toward treatment. Identify resources and
limited impact on the abuse. Abuse	supports. (This time will not be charged to MA through HealthCheck other
has led to neglect of children and	services.)
out-of-home placement.	
	<b>Measurable Results of Intervention at Time of Plan Review:</b>

MAPB-092-001-Z  
October 19, 1992

<b>Program Discharge Criteria:</b>
Im will show increased cooperative behavior at home and school. He will be able to express feelings in healthy ways and will reduce acting out. School performance will improve and he will return to a regular classroom. Mother will be able to use appropriate behavioral limit setting techniques. She will maintain sobriety and involvement in support groups and out-of-home activities. ADHD will be evaluated and appropriate intervention will occur.

J. M. Provider  
Psychiatrist's Signature

MM/DD/YY  
Date



MAPB-092-001-Z  
October 19, 1992

Department of Health and Social Services  
Division of Community Services  
Office of Mental Health  
March 20, 1992

STATE OF WISCONSIN

### MODEL INTERAGENCY TREATMENT PLAN

<b>Name of Client:</b> Im A. Recipient	<b>Interagency Team Developing and Implementing this Plan (include title indicating discipline):</b>
<b>Client Birthdate:</b> 1/12/82	1. I.M. Masters, MSW (in-home team) <i>J.M. Masters</i>
<b>Client M.A. Number:</b> 1234567890	2. I.M. Bachelor, B.S. (in-home team) <i>J.M. Bachelor</i>
<b>Date of this plan:</b> 2/19/92	3. I.M. County, B.S.W. (county social services) <i>J.M. County</i>
<b>Plan review date:</b> 8/92	4. I.M. Teacher (city school) <i>J.M. Teacher</i>
<b>Case Manager:</b> I.M. Masters	5. I.M. Nurse (city health clinic) <i>J.M. Nurse</i>
<b>Parent(s) or Primary Caregiver:</b>	6.
<b>Mother Recipient, Mother</b>	7.
	8.
	9.
	10.
	11.
	12.
	Was parent or primary caregiver present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

MAPB-092-001-Z  
October 19, 1992

**PROBLEM SUMMARY:** In the space provided below, describe the problems of the child and the family. Specify the elements of the problem which are to be treated.

1. Im's aggressive acting out behavior has existed for about two years and has been associated with injuries to others. 2. There is evidence of attention deficit hyperactivity disorder which needed to be assessed and possibly treated. This has caused problems at home and school.
3. Mother has a significant history of alcohol abuse which has interfered with her limited parenting skills and led to out-of-home placements for Im. 4. There is little trust in the relationship between Im and Mother, and Mother is unable to set limits in the home.

MAPB-092-001-Z  
October 19, 1992

Please summarize in the spaces provided the element(s) and the methodology to be used by each system to treat this child (school, social services, mental health, health or the juvenile justice system), as applicable. For agencies not involved in treatment, put N/A in box.

<b>Mental Health Agency Response:</b>	<b>Short Term Goal (measurable):</b>
Mother has very limited parenting skills, and her alcohol abuse has made it difficult for her to show any consistency. Im acts out at home and school and has injured his brother on at least one occasion. Im shows signs of hyperactivity.	Engage family in treatment process. Im's acting out will be reduced to 3 X week in the home. Mother will maintain sobriety. Evaluation for ADHD will be arranged.
	<b>Long Term Goal (measurable):</b>
	Im's acting out will be reduced to 1 X week in the home. Im will find healthy ways to express feelings. Mother will maintain sobriety and involved herself in two activities outside the home each week. Mother will understand and utilize behavioral techniques for setting limits.
	<b>Plan (include frequency of intervention and team member responsible):</b>
	In-home team will meet with family one time per week to identify situations which lead to acting out and develop techniques for dealing with them. Parent aide will meet with family two times a week to implement behavioral techniques. Team will encourage Mother in her abstinence and use of support groups and out-of-home activities. Aide will arrange ADHD evaluation. Staff will meet with Im one time each week to teach expression of feelings and anger management.
	<b>Measurable Results of Intervention at Time of Plan Review:</b>

Social Services Agency Response:	Short Term Goal (measurable)
Mother's alcohol abuse and treatment needs have led to two foster placements for Im and his	Maintain Im in the home. Monitor safety of children (occurrence of neglect).
siblings. This has lessened Im's trust in his mother and caused significant anxiety for him, likely escalating his acting out behavior.	<b>Long Term Goal (measurable):</b> Maintain children in the home safely.
	<b>Plan (include frequency of intervention and team member responsible):</b>
	In-home team will notify social services if Mother does not follow through with treatment, and social
	services will pursue long-term placement.
	<b>Measurable Results of Intervention at Time of Plan Review:</b>

School Agency Response:	Short Term Goal (measurable)
Im's acting out in the school has interfered with his learning and has been disruptive to others. He has been in a special classroom for the current semester. He is unable to attend to a task for 10 minutes.	Im's acting out in school will be limited to 3 X wk. Im will stay on task for 15 minutes at a time at least twice each day.
	<b>Long Term Goal (measurable):</b>
	Im's acting out will be reduced to 2 X per month. Im will stay on task for 20 minutes three times a day. Grades will improve by one level (D to C).
	<b>Plan (include frequency of intervention and team member responsible):</b>
	Im will remain in special classroom. Im will receive additional 1:1 tutoring. Refer to Families and Schools Together (FAST) program. Social work staff will meet with Im 1 X wk.
	<b>Measurable Results of Intervention at Time of Plan Review:</b>

[illegible]

Health Agency Response:	Short Term Goal (measurable)
Im shows many of the classic symptoms of ADHD. He is unable to attend to task, he acts out, he doesn't complete activities, he doesn't follow instructions. He has not been formally evaluated nor tried on appropriate medication.	Evaluate for ADHD. Start medication if indicated. Monitor medication effects.
	<b>Long Term Goal (measurable):</b>
	Increased ability to maintain on task, follow instructions, etc. Monitor general health.
	<b>Plan (include frequency of intervention and team member responsible):</b>
	Pediatrician will evaluate ADHD and prescribe medication. In-home team and school will report notable effects of medication to pediatrician. Public health nurse will coordinate yearly HealthCheck screening and follow-up.
	<b>Measurable Results of Intervention at Time of Plan Review:</b>

SERVICES RECOMMENDED BY TREATMENT TEAM:	
1. In-Home Treatment	5.
2. ADHD Evaluation & Follow-Up	6.
3. School Counseling	7.
4.	8.

Program Discharge Criteria:
Im will show increased cooperative behavior at home, in school, and in the community. Fights at home occur about 5 times per week.
There has also been property destruction involving Im and his peers.

Psychiatrist's Signature: L.M. Provider Date: 11/10/99

I (We) have read the foregoing treatment plan and give our consent to my (our) my child receiving the treatment outlined above. I (we) will agree to participate in the treatment intervention outlined above.

Parent(s)' or Primary Caregiver's Signature \_\_\_\_\_ Date: \_\_\_\_\_

file = Service\ATxPlan [E.Green]



CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE

Im A. Recipient I.M. Masters MMDDYY  
Client's Name Rater Date

The CAFAS is used to assess a youth's functional impairment, rated as severe, moderate, mild or average. If any one item listed under category of impairment describes the youth's functioning, the youth qualifies for a rating in that category. You should indicate all items that apply in that category. Do this by circling the number to the right of the item description. Do not circle any items that apply in lower categories. Rate the youth's most severe level of dysfunction in the last month.

- For each sub-scale begin your assessment by reviewing items in the SEVERE category. If any item describes the youth's functioning, circle all that apply in that category, and write the score "30" in the score box on the left.
- If none of the items in the SEVERE category describe the youth, proceed to the MODERATE category. If none of the items in the MODERATE category describe the youth, proceed to the MILD category, and so on. If the youth is described by any of the items in a category, then that category will apply to the youth. Always start with the SEVERE CATEGORY AND PROGRESSIVELY PROCEED TO THE AVERAGE CATEGORY, STOPPING AT THE CATEGORY IF THE YOUTH IS DESCRIBED BY ANY ONE OF THE ITEMS IN THAT PARTICULAR CATEGORY.
- If you believe that the youth should be rated in a category of impairment where no items are circled, write the score in the score box, circle the number corresponding to the "EXCEPTION" box, and explain the reason for your rating in the space labeled "Explanation."

	Severe Severe disruption or incapacitation (30)	Moderate Occasional major or frequent disruptions (20)	Mild Significant problems and/or distress (10)	Average No disruption of functioning (0)
(1) Role Performance	Unable to maintain job, school, or family role because of impairment... 001 Extensive management by others required in order to be maintained in the home... 002 Expelled or equivalent from school... 003 Unable to meet even minimum requirements for behavior in classroom (either in regular or specialized classroom in public school or equivalent)... 004 Currently confined for legal violations... 005	Persistent problems at work/school (e.g., frequently in trouble; at risk of expulsion; history of multiple expulsions or suspensions)... 007 Persistent failure to meet usual expectations in family relations and/or behavior/responsibilities within home (may be at risk for placement out of home due to impairment)... 008 Currently at risk of confinement because of frequent or serious violations of law, delinquent behavior, running away, probation or parole... 009 Persistent problems in school due to extreme difficulty sustaining attention to tasks... 010	Frequent problems at school/work due to lateness/absences/poor performance/failure to hand in work... 012 Frequently fails to meet expectations in family relations and/or in behavior/responsibilities within home... 013 Often disregards school rules... 014 Minor legal violations (no history of confinement)... 015	Reasonably comfortable and competent in relevant roles... 017 Minor problems satisfactorily resolved... 018
20	EXCEPTION 006	EXCEPTION 011	EXCEPTION 016	EXCEPTION 019
	Explanation:			

Could Not Score: 020

	Severe Severe disruption or incapacitation (30)	Moderate Occasional major or frequent disruptions (20)	Mild Significant problems and/or distress (10)	Average No disruption of functioning (0)
(2) Thinking	<p>Extreme distortion of coherent thought and language (may include bizarre play, incoherence, loosening of associations, flight of ideas)... 026</p> <p>Frequent and/or disruptive delusions or hallucinations/can't distinguish fantasy from reality... 022</p> <p>Pattern of short term memory loss/disorientation to time or place most of the time... 023</p> <p>Inability to communicate with others and/or marked abnormalities in nonverbal or verbal communication (e.g., echolalia, idiosyncratic language)... 024</p>	<p>Frequent distortion of thinking (obsessions, mistrust, suspicions) 026</p> <p>Intermittent hallucinations that interfere with normal functioning... 027</p> <p>Frequent confusion or evidence of short term memory loss... 028</p> <p>Unable to comprehend consequences of behavior... 029</p> <p>Evidence of persistent and excessive fantasy (e.g., daydreams, artwork, writing samples) with destructive and/or bizarre themes... delinquent behavior, running away, probation or parole... 030</p>	<p>Occasional difficulty in communication or behavior due to thought distortions (e.g., obsessions, mistrust, suspicions)... 032</p> <p>May express odd beliefs, excessive fantasy or, if older than eight years old, magical thinking... 033</p> <p>Eccentric speech e.g., impoverished, digressive, vague)... 034</p> <p>Unusual perceptual experiences not qualifying as hallucinations... 035</p>	<p>Thought, as reflected by communication, is not disordered or eccentric... 037</p>
	EXCEPTION 025	EXCEPTION 031	EXCEPTION 036	EXCEPTION 038
Explanation:				

**Could Not Score 020**

	Severe Severe disruption or incapacitation (30)	Moderate Occasional major or frequent disruptions (20)	Mild Significant problems and/or distress (10)	Average No disruption of functioning (0)
(3)  Behavior Toward Others/Self          20	Behavior consistently inappropriate or bizarre... 040  Behavior so disruptive or dangerous that harm to self or others is likely... 041  Expelled from family for reasons related to impairment... 042  Unable to form/sustain any age-appropriate close relationships... 043  Severe destructiveness toward property (e.g., deliberate fire-setting; serious damage to community/school property)... 044	Behavior frequently/typically inappropriate and causing problems for self or others (e.g., promiscuity, fighting, destruction of property)... 046  Predominantly relates to others in an exploitative/manipulative manner (e.g., uses/cons others)... 047  Relationships frequently fraught with tension or conflict... 048  Characteristically poor judgement resulting in serious risk-taking... 049	Quarrelsome or annoying, making life difficult for self or others... 051  Impulsiveness that is not affected by known consequences (e.g., disregards risk to health or expectations of others)... 052  Withdrawn or tends to be ignored by peers... 053  Difficulty in establishing/sustaining close relationships (e.g., predominantly age-inappropriate relationships; immature behavior leads to routine conflicts)... 054	Relates satisfactorily to others... 056  Not impulsive, shows good judgement in life decisions... 057  Is able to establish/sustain a normal range of age-appropriate relationships... 058
	EXCEPTION 045	EXCEPTION 050	EXCEPTION 055	EXCEPTION 059
	Explanation:			

Could Not Score 060

	Severe Severe Disruption or incapacitation (30)	Moderate Occasional major or frequent disruptions (20)	Mild Significant problems and/or distress (10)	Average No disruption of functioning (0)
(4) Moods/ Emotions  (Emotions = anxiety, depression, moodiness, fear, worry, irritability, tenseness, panic)  10	Emotional responses incongruous or inappropriate (unreasonable, excessive) most of the time... 061  Fears, phobias, worries, or anxieties result in poor attendance at school (i.e., absent more than present) or marked social withdrawal... 062  Depression is incapacitating at times (e.g., academically, socially) or is accompanied by suicidal intent... 063	Marked changes in moods that are generally intense and abrupt... 065  Symptoms of distress (depressed, sad, fearful or anxious) are pervasive and/or persistent (e.g., disrupts sleep, eating, concentration and/or activities of daily living or symptoms of worthlessness or irritability are pervasive and other symptoms are persistent (e.g., sleep, eating, etc.) 066  Emotional blunting... 067	Often worried or sad with some negative effect (e.g., recurrent nightmares)... 069  Disproportionate expression of frustration, irritability or fear... 070  Notable emotional restriction (i.e., has difficulty expressing strong emotions such as fear, hate, love)... 071	Feels normal distress, but daily life is not disrupted... 073  Considers self a "worthy person"... 074  Can express strong emotions appropriately... 075
	EXCEPTION 064	EXCEPTION 068	EXCEPTION 072	EXCEPTION 076
	Explanation:			

Could Not Score: 077

	Severe Severe disruption or incapacitation (30)	Moderate Occasional major or frequent disruptions (20)	Mild Significant problems and/or distress (10)	Average No disruption of functioning (0)
	These categories apply to youth of all ages			
(5) Substance Use  (Substances = alcohol or drugs)	Lifestyle centers 078 on acquisition and use (e.g., preoccupied with thoughts or urges to use substances)...	Uses in such a way as 084 to interfere with functioning (i.e., job, school, driving) in spite of potential serious consequences...	Infrequent excesses 089 and only without serious consequences...	No use of substances... 093
	Dependent on 079 continuing use to maintain functioning (e.g., likely to experience withdrawal symptoms)...	Gets into trouble 085 because of usage (e.g., fights with family or friends, in an accident or injured, trouble with teachers, picked up by police, experiencing physical health problems due to use)...	Regular usage 090 (e.g., once a week) but without intoxication or being obviously high...	Has only "dried" themselves not use them... 094
	Failing school 080 or kicked out of school or work related to usage...			Occasional use with no negative consequences... 095
	Frequently intoxicated 081 or high (e.g., more than two times a week)...	High or intoxicated 086 once a week...		
	If youth is 12 or younger, use these additional categories			
	For 12 years or 082 younger, high or intoxicated once or twice a week...	For 12 years 087 or younger, use regularly (once a week) without intoxication and without becoming obviously high...	For 12 years 091 or younger, occasional use with no negative consequences...	
	EXCEPTION 083	EXCEPTION 088	EXCEPTION 092	EXCEPTION 096
	Explanation:			

Could Not Score: 097

TOTAL SCORE  
FOR CATEGORIES  
1 - 5

50

ADDITIONAL COMMENTS:

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CONTINUE ONTO NEXT PAGE

	Severe Severe disruption or incapacitation (30)	Moderate Occasional major or frequent disruptions (20)	Mild Significant problems and/or distress (10)	Average No disruption of functioning (0)
(6) Caregiver Resources: Basic Needs  20	Unable to meet 098 child's needs for food, clothing, housing, transportation, medical attention or safety, such that severe risk to health or welfare is likely--	Frequent 100 problems meeting child's needs for food, housing, clothing, transportation, medical attention, or safety--	Occasional 102 problems meeting child's needs for food, housing, clothing, transportation, medical attention, or safety--	Able to obtain 104 or arrange for adequate meeting of all basic needs--
	EXCEPTION 099	EXCEPTION 101	EXCEPTION 103	EXCEPTION 105
	Explanation:			

Could Not Score 106

	Sociofamilial setting 107 is potentially dangerous to the child due to lack of family resources required to meet the child's needs/demands--	Child's developmental 112 needs cannot be adequately met because child's needs/developmental demands exceed family resources--	Family not able to 118 provide adequate warmth, security or sensitivity relative to the child's needs. Support from other sources outside the immediate family are unable to compensate for this inadequacy--	Family is 122 sufficiently warm, secure, and sensitive to the child's needs--
(7) Caregiver Resources: Family/ Social Support  20	Gross parental 108 impairment (e.g., psychosis, substance abuse, severe personality disorder, mental retardation)--	Marked impairment in 113 parental functioning, related to psychiatric illness, substance use, physical illness, or other impairing condition--	Dysfunctional/ 119 discordant familial relationships (characterized by poor problem solving, poor communication, emotional insensitivity, role reversal, etc.). No other supports compensate for this deficit--	Parental supervision 123 in consistent and appropriate--
	Frankly hostile and/or 109 rejecting sociofamilial setting--	Persistent/severe 114 dysfunctional/discordant familial relationships (characterized by hostility, tension, and/or scapegoating, etc.)--	Family not able to 120 provide adequate supervision or consistency in care over time relative to the child's needs. No other supports compensate for this deficit--	Even though there are 124 temporary problems in providing adequate support to the child, there is compensation from the wider social support system.
	Child is subjected to 110 sexual or physical abuse--	Family members are 115 insensitive, angry and/or resentful to the child--		
	EXCEPTIONAL 111	EXCEPTIONAL 117		
	Explanation:			

Could Not Score: 126

**TOTAL SUB-SCORE  
FOR CATEGORIES  
6 and 7 ONLY**

40

The Family/Social Support Sub-Scale contains ideas and wording adapted from a measure developed by Setterberg, Shaffer, Williams, and Spitzer.